Margaret KMS waiting for response from Boston HVD office U.S. Postal Service" Since March

U.S. Postal Service

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Return Receipt (hardcopy) \$ 10.101

Return Receipt (electronic) \$ 10.101

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Adult Signature Required \$ 10.101

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City, State, 29.45

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See Reverse for Instructions

I addressed this issue with
HUD in Boston Mass in a formal
complaint still haven't had my
complaint processed while
complaint processed while
I stand to lose my home
I stand to lose my home
ADA regulations

Case 1:18-cv-00566-LM Document 1-1 Filed 06/20/18 Page 2 of 46

The State of New Hampshire Supreme Court

EILEEN FOX CLERK OF COURT TIMOTHY A. GUDAS DEPUTY CLERK ALLISON R. COOK DEPUTY CLERK



ONE CHARLES DOE DRIVE CONCORD, N.H. 03301 (603) 271-2646 1-888-535-1946 TTY/TDD RELAY 1-800-735-2964 www.courts.state.nh.us

May 9, 2018

MAY 1 4 2018

MANCHESTER DISTRICT DIVISION

Ms. Margaret Kris P.O. Box 10023 Bedford, NH 03110

RE: 2018-0215, <u>Dusseault Family Revocable Trust of 2017 v. Margaret Kris</u>

Dear Ms. Kris:

On April 23, 2018, a filing in reference to the above-captioned matter was received in the clerk's office and has been docketed as case number 2018-0215. A court order will be issued regarding further proceedings.

All correspondence and pleadings, which are filed at the Supreme Court by any party in the case, except the initial filing of the appeal document, must have the correct Supreme Court docket number. Please refer to Rule 26.

Very truly yours,

WWW. COURTS. State. N. US (MUSAM)
Allison R. Cook
Deputy Clerk

Distribution:

9th N.H. Circuit Court - Manchester District Division, 456-2018-LT-00234 Sean E. Curran, Esquire

File

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The State of New Hampshire Supreme Court

EILEEN FOX CLERK OF COURT TIMOTHY A. GUDAS DEPUTY CLERK ALLISON R. COOK DEPUTY CLERK



ONE CHARLES DOE DRIVE CONCORD, N.H. 03301 (603) 271-2646 1-888-535-1946 TTY/TDD RELAY 1-800-735-2964 WWW.courts.state.nh.us

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Very truly yours,

Allison R. Cook Deputy Clerk

Distribution:

9th N.H. Circuit Court - Manchester District Division, 456-2018-LT-00234 Sean E. Curran, Esquire File

THE STATE OF NEW HAMPSHIRE

SUPREME COURT

In Case No. 2018-0215, <u>Dusseault Family Revocable Trust</u> of 2017 v. Margaret Kris, the court on June 13, 2018, issued the following order:

Notice of appeal is declined. See Rule 7(1)(B).

Under Supreme Court Rule 7(1)(B), the supreme court may decline to accept a notice of discretionary appeal from the superior or circuit court. No appeal, however, is declined except by unanimous vote of the court with at least three justices participating.

This matter was considered by each justice whose name appears below. If any justice who considered this matter believed the appeal should have been accepted, this case would have been accepted and scheduled for briefing.

Declined.

Lynn, C.J., and Hicks, Bassett, Hantz Marconi, and Donovan, JJ., concurred.

Eileen Fox, Clerk

Distribution:

J9th N.H. Circuit Court - Manchester District Division, 456-2018-LT-00234 Honorable William H. Lyons Judicial Referee David L. Kent Ms. Margaret Kris Sean E. Curran, Esquire File

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MANCHESTER DISTRICT DIVISION

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THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH

MANCHESTER DISTRICT DIVISION

http://w	ww.courts.state.nh.us	MANORESTER DISTRICT DIVISION
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Date /// O	Signature	aret Luij
	ORDER	
Wotion granted Motion denied. tecommended:		
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JB-2201-DF (08/29/2014)

1

THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH

http://www.courts.state.nh.us Court Name: Case Name: Case Number: (if known) state the following facts and request, the following relief: Date Signature Telephone Address I certify that on this date I provided a copy of this document to (other party's attorney) by: Hand-delivery OR (other party) or to E-mail (E-mail only by prior agreement of the parties based on Circuit Court Administrative Order). Date Signature **ORDER** Motion granted. ☐ Motion denied. Recommended: Date Printed Name of Marital Master So Ordered: I hereby certify that I have read the recommendation(s) and agree that, to the extent the marital master/judicial referee/hearing officer has made factual findings, she/he has applied the correct legal standard to the facts determined by the marital master/judicial referee/hearing officer. Date Signature of Judge William Printed Name of Judge

THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH

http://www.courts.state.nh.us

Court Name: Manches / Deales /
Case Name: DISCENIH TO STATE OUT 9th Circuit
Case Number: 156-18-14 REVOYABLE TRUST VS MANAGET LIX
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E-mail (E-mail only by prior agreement of the parties based on Circuit Court Administrative Order).
Date / / dispared dispared
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ORDER Motion granted.
Recommended:
Date Signature of Marital Master
So Ordered: Printed Name of Marital Master I hereby certify that I have and it
I hereby certify that I have read the recommendation(s) and a gree that, to the extent the marital master/judicial referee/hearing officer has made factual findings, she/he has applied the correct legal standard to the facts
determined by the marital master/judicial referee/hearing officer.
Date
Signature of Judge
Printed Name of Judge
NHJB-2201-DF (08/29/2014)

STATE OF NEW HAMPSHIRE

HILLSBOROUGH COUNTY,

9th Circuit, District Division, Manchester Court 456-2018-LT-00234

Dusseault Family Revocable Trust of 2017 V Margaret Kris & All Others

OBJECTION to MOTION FOR EXTENSION

NOW COMES Plaintiff, by and through undersigned counsel and in support of this Objection, states that:

- 1. Defendant's motion does not establish a basis for the relief requested.
- 2. NH RSA 540:25 contains multiple mandates that payments to the court are to be paid as they come due. Pertinent language includes this directive:
 "If rent is not paid by the due date, the court shall immediately mail a notice of default to the tenant and issue a writ of possession to the landlord."
- 3. No hearing is requested or required for a ruling on the motion and objection thereon.

WHEREFORE Plaintiff prays this Court:

- A. Deny the Motion for Extension dated May 25, 2018
- B. Issue Writ of Possession immediately if rent is not paid by the due date.

Respectfully Submitted,

Plaintiff, by

May 30, 2018

Sean E. Curran, Plaintiff's attorney P.O. Box 3043, Manchester, NH 03105

(603) 644-1060 NHBA#8771

I hereby certify that a copy of this document was mailed to defendant(s)

May 30, 2018

Sean E. Curran, Plaintiff's attorney

THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH

NH CIRCUIT COURT

9th Circuit - District Division - Manchester 35 Amherst Street Manchester NH 03101

Telephone: 1-855-212-1234 TTY/TDD Relay: (800) 735-2964 http://www.courts.state.nh.us

June 01, 2018

FILE COPY

_Case Name:

Dusseault Family Revocable Trust of 2017 v. Margaret Kris, et al

Case Number: 456-2018-LT-00234

On June 1, 2018, Judge William H. Lyons approved the following recommendation by Judicial Referee David L. Kent on the defendant's Motion for Extension:

"Motion granted," Weekly rent payment must be paid by close of business on Monday, June 4, 2018.

Mary A. Barton Clerk of Court

(436)

C: Sean E. Curran, ESQ; Margaret Kris

THE STATE OF NEW HAMPSHIRE

SUPREME COURT

In Case No. 2018-0215, <u>Dusseault Family Revocable Trust</u> of 2017 v. Margaret Kris, the court on June 13, 2018, issued the following order:

Notice of appeal is declined. See Rule 7(1)(B).

Under Supreme Court Rule 7(1)(B), the supreme court may decline to accept a notice of discretionary appeal from the superior or circuit court. No appeal, however, is declined except by unanimous vote of the court with at least three justices participating.

This matter was considered by each justice whose name appears below. If any justice who considered this matter believed the appeal should have been accepted, this case would have been accepted and scheduled for briefing.

Declined.

Lynn, C.J., and Hicks, Bassett, Hantz Marconi, and Donovan, JJ., concurred.

Eileen Fox, Clerk

Distribution:

J9th N.H. Circuit Court - Manchester District Division, 456-2018-LT-00234 Honorable William H. Lyons Judicial Referee David L. Kent Ms. Margaret Kris Sean E. Curran, Esquire File

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JUN 1 5 2018



THE STATE OF NEW HAMPSHIRE

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Date		Signature of Judge		
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THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH

http://www.courts.state.nh.us Court Name: Case Name: Case Number: (if known) MOTION: state the following facts and request the following relief: Signature Address I certify that on this date I provided a copy of this document to (other party) or to (other party's attorney) by: Hand-delivery E-mail (E-mail only by prior agreement of the parties based on Circuit Court Administrative Order). US Mail OR Signature **ORDER** Motion denied. Recommended: JUN 18 223 MANCHESTER DISTRICT DIVISION Signature of Marital Master Printed Name of Marital Master So Ordered: I hereby certify that I have read the recommendation(s) and a gree that, to the extent the marital master/judicial referee/hearing officer has made factual findings, she/he has applied the correct legal standard to the facts determined by the marital master/judicial referee/hearing officer. Signature of Judge

NHJB-2201-DF (08/29/2014)

Date

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Telephone

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THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH

9th Circuit

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THE STATE OF NEW HAMPSHIRE

JUDICIAL BRANCH

Page 1 of 1

Printed Name of Judge

Signature of Judge

I hereby certify that I have read the recommendation(s) and agree that, to the extent the marital master/judicial referee/hearing officer has made factual findings, she/he has applied the correct legal standard to the facts determined by the marital master/judicial referee/hearing officer.

Printed Name of Marital Master

So Ordered:

Date



9H Circuit

THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH

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9th Circuit

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EXHIBIT H

Complaint to HUU in boston no response as per federal

Housing Discrimination Complaint

U.S. Department of Housing and Urban Development Office of Fair Housing and Equal Opportunity

Please type or print this form - Do not write in shaded area	Pipportunity
	OMB Approval No. 2520 0044 (5
Public Reporting Burden for this collection of information is estimated to average 1.0 not data sources, gathering and maintaining the data needed, and completing and reviewing or any other aspect of this collection of information, including suggestions for reducing and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20503. Do not send this completed form to eit Instructions: Read this form and the instructions on reverse carefully before the sent this complete.	urs per response, including the time for reviewing instructions, searching existing the collection of information. Send comments regarding this burden estima:
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	Fair Housing and Equal Opportunity, U.S. Department of HUD West in
	MANCHESTER DISTRICT DIVISION
(Check Z applicable box):	
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Additional	
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6a. When did the act(s) checked in Item 3 occur? (Include the most recent date if several dates are involved):

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\$330.00

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MONEY ORDER RECEIPT - NON NEGOTIABLE

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Payable to:

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PURCHASE AGRIEBMENT: You the purchaser agree that Western Union Financial Services for (PUFS) and not stop on, or replace or resturd a lost or stolen WUSS Money Order unless (1) you till in the face of the Money Order at the Western Union Financial Services for (PUFS) Inches Order at the Western Union Financial Services for (PUFS) and (D) To work the white segment Money Order receipt assued by Western Union Financial Services inc., emplewood, Colorado, Ferrica (1) 1-100-399-9660

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Fig. Sec. 1 Sec. 1 Sec. 1

July 1 8 2018





HOUSING AND REDEVELOPMENT AUTHORITY HOUSING CHOICE VOUCHER PROGRAM

198 Hanover Street, Manchester, New Hampshire 03104 603-624-2100 FAX 603-624-2113 TDD 1-800-545-1833, ext. 590

September 14, 2017

MARGARET P KRIS 102 PUTNAM ST 1ST Apt. FLOOR MANCHESTER, NH 03102

DUSSEAULT, CHARLES OR FRANCES 45 LYNCHVILLE PARK GOFFSTOWN, NH 03045

Owner#48

Subsidy No.V166702

SECTION 8 PROGRAM CONTRACT AND LEASE AMENDMENT

The Housing Assistance Payments Contract between the owner, DUSSEAULT, CHARLES OR FRANCES, and the Manchester Housing and Redevelopment Authority of behalf of the family, MARGARET P KRIS and the lease associated with this contract, are hereby amended due to:

(4) Initial/Annual review of family income and/or composition

() Interim change in family income and/or composition

() Rent adjustment requested by the owner and approved by the Authority.

Rental Payments are adjusted as follows:

TENANT RENT

\$330.00

HAP AMOUNT

\$936.00

CONTRACT RENT

\$1266.00

Pro-rated TTP 9/15-9/30/17 \$176.00 Pro-rated HAP 9/15-9/30/17 \$499.00

This Amendment will be effective September 15, 2017.

This Amendment is in accordance with the terms and conditions of your contract and/or lease and should be attached to and made a part of these documents. All other terms and conditions of these documents remain unchanged by this Amendment. Families disputing this change in rental payments may request an Informal Hearing by calling this office at 624-2100 within fourteen (14) working days from the date of this letter. Also, a copy of the most recent utility allowance schedule attached to this Amendment.

JUN 1 A

SOCIAL SECURITY ADMINISTRATION

EXHIBIT (1)

Date: December 20, 2017 Claim Number: XXX-XX-9790A XXX-XX-9790DI

MARGARET P KRIS 102 PUTNAM ST MANCHESTER NH 03102-3939 ny monthy in comercia

IUN I R . S

MANCHESTER DISTRICT DIVISION

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2017, the full monthly Social Security benefit before any deductions is.....\$ 1238.20

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 1238.00 (We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Information About Supplemental Security Income Payments

Beginning February 1994, the current Supplemental Security Income payment is.....\$ 0.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

Payments were stopped beginning June 1994.

Medicare Information

You are entitled to hospital insurance under Medicare beginning August 1993.

You are entitled to medical insurance under Medicare beginning August 1993.

Case 1:18-cv-00566-LM Document 1-1 Filed 06/20/18 Page 21 of 46

Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

SUSPECT SOCIAL SECURITY FRAUD?

Please visit http://oig.ssa.gov/r or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

IF YOU HAVE QUESTIONS

We invite you to visit our web site at www.socialsecurity.gov on the Interne to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 866-814-5408. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY SUITE 201 1100 ELM ST MANCHESTER, NH 03101

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may when you arrive at the office.

OFFICE MANAGER

Social Security Administration 1100 Elm St, Suite 201 Manchester, NH 03101

ا أ الأل

MANCHESTER DISTRICT DIVISION

RECEIVED MAY 1 4 2018

To Connie Housing supervisor,

Calls For Service Re	eport Call ID: <i>18051246</i>	5	•	Printed: May 14, 2018	
1. Agency MPD	2. Person Received Complaint	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7. Case #	
	Gratiano, Jeffrey T	4. Time Dispatched	6. Time Complete	18-006631	
8. Nature Of Incident	t ARGUMENT				
9. Location Of Incident	102 PUTNAM ST, MANCHESTER, NH 03102				
10. Victim or Caller	KRIS,MARAGARET				
11. Classification	12. How Received	13. Disposition 1	4. Officer	15. Date Submitted	
	'PHONE' I/CAD CALL	CLDS	Callahan, Lisa S	05/05/2018	

Notes: ** LOI search completed at 05/05/18 13:59:24

IN THE REAR THERE IS A MALE ON THE CALLERS PORCH THAT WONT LEAVE

HE VERBALLY ABUSED AND THREATENED

THE CALLER

W/M BLU SHORTS BLU SHIRT

DOESNT LIVE THERE

MARGARET

GETTING CALL FROM MALE HALF

SAYS MARGARET IS THE AGGRESSOR

MARGARET JUST CALLED BACK AND SAYS ITS ESCALATING

BROKE HSI COFFEE MUG AND HAS BEEN SWEARING AT HIM AND HIS KDIS

STEFAN BERRINGER

5573219***

- ** Event P18051246 viewed at: 05/05/2018 14:44:10
- ** >>> by: 100023 on terminal: 100023

THEY CALLED BACK AND SAID THAT A FEMALE THREW HOT URINE ON HER AND HER HUSBAND

- ** Event Type changed from UNWTD to ARGUE at: 05/05/18 14:48:36
- ** >>>> by: ELIZABETH MCLAUGHLIN on terminal: mpd-130012261
- ** Event Priority changed from 2 to 3 at: 05/05/18 14:48:37
- ** >>>> by: ELIZABETH MCLAUGHLIN on terminal: mpd-130012261

MARAGARET CALLED AGAIN THEY TOOK PICTURES OF HER CAR.

SHE GOT THEM OFF HER PORCH BY POURING HER DIRTY MOP BUCKET WATER ON THE PORCH

- ** Case number C18006631 has been assigned to event P18051246
- **>>>> by: ROBERT JOSEPHSON on terminal: mpd-130012261

Calls For Service Report Call ID: 18054803 Printed: May 14, 2018					
1. Agency MPD	2. Person Receive Complaint Thompson, Paul	05/13/2018 19:	4. Time Dispatched 6. Time Complete		
8. Nature Of Incident	3. Nature Of Incident NEIGHBOR COMPLAINT				
9. Location Of Incident	102 PUTNAM ST, MANCHESTER, NH 03102				
10. Victim or Caller	MARGARET KRIS				
11. Classification	12. How Received	13. Disposition	14. Officer	15. Date Submitted	
	'PHONE' I/CAD CALL	SOLVED AT SCENE	Daigneault, Jordan T	05/13/2018	

Notes: ** LOI search completed at 05/13/18 19:32:02

PEOPLE VISITING NEIGHBOR ARE CAUSING PROBLEMS FOR THE CALLER. THEY ARE SITTING ON HER PORCH AND LETTING THEIR CHILDREN DO SO AS WELL

LAST WEEK THERE WAS AN ALTERCATION INVOLVING THESE PARTIES

	=	کا لیان
Court Name: New Hampshire Supreme Court	APR	
Case Name: DISSEAUH FAMILY REVOYANE TO		
Case Number: 456-18-17-234	USY	TASO!
Name of Party: Name of Party:	U	<u> </u>
(filing motion)	- E	22.2
MOTION FOR: Extension of time to pren	7.00 1.000	An
The state of the s	dic	- TXX
Reasons for requested relief:		1 1
- I largaret exps have called every	A d	aen i
SEERING assistance with no part	\mathcal{F}	5 m
HONEY THE FOLLOWING	7	7
The inable to accial hand	7	0115
Disability Diality Control 19	<u>41</u>	HSSIST
VISABILITY RIGHTS CEHER HUDO	130	15tar
- I am a pro-se litigation pre	=1	MM
as yours under duress with	7	1 11
ASSISTANCE. I MISH THE DOWN	7	
and me y weeks		17
TENSION CONTRACTOR OF TENSION		SIC
TREPARE HOEX NO RECIEVE MY DISAN	1/1	tych
to pay for filing tees cooles an	\dagger	TO NE
Have you contacted all parties or their counsel to determine whether they assent to	thia m	otion?
YES NO		ouon?
If you answered YES, do all parties or their counsel assent to this motion?		
YES NO	,	
-4/23/18 //ainn	<i>t</i>	
Date Signature of Party or Covensel		VILL
I certify that a copy of this motion has been mailed or hand-delivered to all other counsel.	ar nai	ties or
their counsel.	si pai	ties of
- 4/23/18 / hisports	=	
Date Signature of Party/or Counsel	$\perp V$	W
/		

NHJB-2850-SUP (07/09/2013)

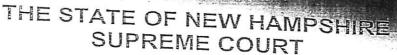
Case 1:18-cv-00566-LM Document 1-1 Filed 06/20/18 Page 26 of 46 AFFIDAVIT OF ASSETS AND LIABILITIES 1. Name: 2. Where do you live: 3. Marital Status: \Single 4. List the names, ages, and relationships of dependents you support: 5. If you are presently employed, state where and for how long: 6. If unemployed, state last date of employment: Full-time 7. When do you anticipate new employment: 8. If your spouse is presently employed, state where and for how long: 9. If your spouse is unemployed, state last date of employment: 10. List other employed household members and their weekly income: 11. Please state weekly take-home amount: YOURS Salary/Wages SPOUSE'S \$ Pension/Trust Benefits S Unemployment Comp S \$ Social Security Investment income \$ \$ Alimony \$ Child Support S \$ Welfare Payments \$ Other \$ \$ 12. W

nat money is presently available t	to you:	\$
Cash on hand		
Checking Account		s_40.00
Savings Account	Name of Bank	_ S
Stocks/Bonds/Ira/Pension	Name of Bank	_ S
		. \$
	TOTAL	\$

13. (If inmate) State amount deposited in inmate's account for the last three months: S______

51 N - C

	mount fuff 7
Medical/Dental \$	other \$ 50.00 copies of (specify): court records parting
Insurance \$ 50.C	TEGISTERED MAIL
15. List any real estate you own, its market value	TOTAL \$ & 48, (Y) we and the amount you owe: \[\lambde{V} \sqrt{A} \]
16. List any vehicles you own (car, truck, motor amount you owe:	cycle, snowmobile, RV), their market value and the
17. List income tax paid last year: 18. List income tax refund received last year:	SPECTRA Paid in full 1, 900 What any bills you owe, amount owed, to whom, and
20. Other than those previously mentioned, list it is due:	anyone to whom you owe money, amount and when
21. List court-ordered bills (i.e., alimony, judgme	1
22. If anyone owes you money, state name, addr	
////	
23. List any property you have transferred within M/A	n the last three years, to whom and for what price:
OF PAPER TO THIS FORM AND PR	DENETHS TO MY DAUGHERS TO ANSWER ANY QUESTION ABOVE, ATTACH A SHEET OVIDE THE ADDITIONAL INFORMATION ON IT.
Date Dest of my knowledge	Maigarét Russ Signature
or from the same operative facts in any state	ot been previously brought—against the same parties or federal court. I further swear that the foregoing me on any attached sheets is true and correct to the
Date	Signature
Subscribed and sworn by appellant, before me.	
Date	Notary Public



DOWN TRANSPORT

Trial Court: Supreme Court

Docket No.: 456-2018-LT-005

Dussexl+ Family Revocable Trust 2017

Margaret Pris

Motion for Waiver of the Filing Fee

In support of this motion, it is stated as follows:

1. I have Social Security Disability

45 My only income

2. I goalify for low income housing

which pertains to this case

3. Itying to REED a root over my head

extra court costs present a financial

WHEREFORE, for the above-stated reasons, it is respectfully requested that this Honorable Court waive the entry fee in this appeal.

Respectfully submitted,

Copies: Trial Court

Opposing Counsel

Case 1:18-cv-00566-LM Document 1-1 Filed 06/20/18 Page 29 of 46

are 111 17 20111 Lix

2018-0215 Index for Supreme Gurt Appeal NH Supreme Court ISSEAUH Family Revocable Trust 2017 **DROPBOX** communication +

13-14

(I.)

I Marguret Kris present as follows,

I made the Housing Authority aware of the issue at 102 Putnam Street, through writte communication since December Was become

2018-0215 Index for Supreme Court Appeal Dusseault Family Revocable Trust 2017

Margaret Pris

Parell NH Supreme Court DROPBOX MAY - 1 2018 Il communication +



APPROVAL OF REQUEST FOR REASONABLE ACCOMMODATION

Date:	7/27/17
To:	MARGARET KRIS
Dear	Applicant or Resident:
	have received and approved your request for reasonable accommodation. Specifically, you requested
•	We will provide you with the requested accommodation(s) by INCREASING YOUR VOUCHER SIZE TO 2 BEDROOMS
•	Although we have approved your request, we will not be able to complete your accommodation(s) until due to

If you have any questions regarding this matter, please contact this office.

If you think that this change or modification is not what you requested; if this is unacceptable; or, if you object to the length of time it will take to provide your request, you may contact the Property Manager at (603) 624-2100; or the Housing Choice Voucher Program Manager, at (603) 624-2100; or the Section 504 Compliance Monitor/Fair Housing Officer at (603) 624-2100.

In addition, you may exercise your right to appeal MHRA's decision by filing a complaint with HUD within one year after the decision or may file a lawsuit in federal district court within two years of MHRA's decision. There are several ways that a person may file a complaint with HUD:

- By placing a toll-free call to 1-800-669-9777 or TTY 1-800-927-9275;
- By completing the "on-line" complaint form available on the HUD internet site: http://www.hud.gov; or
- By mailing a completed complaint form or letter to:

Office of Fair Housing and Equal Opportunity Department of Housing and Urban Development 451 Seventh Street, S.W., Room 5204 Washington, DC 20410-2000

Maul Rent to:
Frances Dusseault
616 Mast Rows
Munchester NH 03102

Sincerely,

MARIA SANCHEZ LEASE HOUSING SPECIALIST OIISIR Unamentica art DI

ese 1:18-cv-00566-LM Document 1-1 Filed 06/20/18 Page 36 of 46

MANCHESTER

HOUSING AND REDEVELOPMENT AUTHORITY
HOUSING CHOICE VOUCHER PROGRAM
198 Hanover Street, Manchester, New Hampshire 03104
603-624-2100 FAX 603-624-2113 TDD 1-800-545-1833, ext. 590

August 09, 2017

MARGARET P KRIS 90 NOTRE DAME AVE 1ST FLR MANCHESTER, NH 03102

Dear MARGARET P KRIS,

Your voucher has been extended to OCTOBER 20, 2017. Please make sure you have your Request for Tenancy Approval (RFTA) for an inspection submitted before this date. If not you will have to start the Transfer Process over again.

Please feel free to contact me at 603-624-2112 or dbutterworth@manchesterhousing.org.

Sincerely, Manchester Housing and Redevelopment Authority

Deborah Butterworth
Leased Housing Transfer Specialist

cc: Landlord/Owner Tenant File





HOUSING AND REDEVELOPMENT AUTHORITY HOUSING CHOICE VOUCHER PROGRAM

198 Hanover Street, Manchester, New Hampshire 03104 603-624-2100 FAX 603-624-2113 TDD 1-800-545-1833, ext. 590

September 14, 2017

MARGARET P KRIS 102 PUTNAM ST 1ST Apt. FLOOR MANCHESTER, NH 03102 DUSSEAULT, CHARLES OR FRANCES 45 LYNCHVILLE PARK GOFFSTOWN, NH 03045

Owner#48

Subsidy No.V166702

SECTION 8 PROGRAM CONTRACT AND LEASE AMENDMENT

The Housing Assistance Payments Contract between the owner, DUSSEAULT, CHARLES OR FRANCES, and the Manchester Housing and Redevelopment Authority of behalf of the family, MARGARET P KRIS and the lease associated with this contract, are hereby amended due to:

(4) Initial/Annual review of family income and/or composition

() Interim change in family income and/or composition

() Rent adjustment requested by the owner and approved by the Authority.

Rental Payments are adjusted as follows:

TENANT RENT

\$330.00

HAP AMOUNT

\$936.00

CONTRACT RENT

\$1266.00

Pro-rated TTP 9/15-9/30/17 \$176.00 Pro-rated HAP 9/15-9/30/17 \$499.00

This Amendment will be effective September 15, 2017.

This Amendment is in accordance with the terms and conditions of your contract and/or lease and should be attached to and made a part of these documents. All other terms and conditions of these documents remain unchanged by this Amendment. Families disputing this change in rental payments may request an Informal Hearing by calling this office at 624-2100 within fourteen (14) working days from the date of this letter. Also, a copy of the most recent utility allowance schedule attached to this Amendment.

Revised 9/6/17

MANCHESTER HOUSING AND REDEVELOPMENT AUTHORITY REQUEST FOR REASONABLE ACCOMMODATION

You may utilize this form to request that the Manchester Housing and Redevelopment Authority (MHRA) provide a reasonable accommodation to you, or any member of your household who has a disability, so that you or a member of your household may utilize your residence, or any of MHRA's facilities, programs or services.

For purposes of this form, please refer to the attached "Reasonable Accommodation Policy" to determine whether you are a "qualified individual with a disability."

If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form. You must date and sign your name at the bottom of this form and return the form to the appropriate MHRA staff. If you need assistance in understanding whether you or a member of your household is a "qualified individual with a disability" or if you need assistance in completing this form, please contact the appropriate MHRA staff.

MITINA Starr.	603-858-3278
October 5, 2017 Date of Request	Telephone Number
Date of Request	detion
Margaret Kris	Disabled Person Requesting Accommodation
Head of Household	Manchester NH 03102
102 Putnam St 1st Floor	City/State/Zip Code
Address	The constitution of the co
I am requesting the following reasonable accommodate accommod	modation(s):
1. Tam requesting at a acquillation of the	Trommallon I have a
the Still the reputer con	innia COPD ag well a
2. Reason for Request:	months these chemical
Support animal That Cannot Co	MANUS anning a social service
3. A physician, licensed health care professional, p	professional representing a social
3. A physician, licensed health care professional, pagency, disability agency or clinic may provide ver	iffication of your disability.
agency, disability agency	
In Laur	Telephone Number
Name of Health Care Provider	Wansherten With C
Me Gregor St. Ch	City/State/Zip Code
Address	
Address (WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATE OF T	ES CODE STATES THAT A PERSON IS GUILTY OF A
WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATE FELONY FOR KNOWINGLY AND WILLINGLY MAKING FAL	SE OR FRAUDULENT STATEMENTS
FELONY FOR KNOWINGLY AND WILLINGLY MAKEN	KNWEN1.

DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT.

Vear Debra Butterworth

RECEIVED FEL . 9 2018

To Deb Butterworth,

Deb Butterworth

From:

Neil Keane

Tuesday, December 12, 2017 2:35 PM

Sent:

Deb Butterworth

To: Cc:

Maria Sanchez; Maria Koustas

Subject:

FW: Margaret Kris

Visited M Kriss thermostat set at 65 degrees apartment at 64-68 degrees nice newer heating system. States when she puts it up to 75 degrees it is to hot and when she puts it down to 62 degrees it is to cold. Suggested that she find a midpoint where it is comfortable and leave it there. Solved her problem in the two bedrooms where outlets were not working by showing her that those two outlets were controlled by the light switches near the doors to the rooms.

From: Maria Koustas

Sent: Tuesday, December 12, 2017 9:13 AM

To: Neil Keane < nkeane@manchesterhousing.org>

Subject: Fw: Margaret Kris

From: Deb Butterworth

Sent: Tuesday, December 12, 2017 9:10 AM

To: Maria Koustas Subject: Margaret Kris

Hi

(603)858-3278

She is having issued with Heat in her apartment please call her.

Thanks,

Deborah A. Butterworth

Leased Housings Transfer Specialist

MARA

198 Hanover St.

Marchester, NH 03104

Direct Line: 603-624-2112

Fax Line: 603-624-2113

Email: dbutterworth@wanchesterhousing.org



M A N C H E S T E R
HOUSING AND REDEVELOPMENT AUTHORITY
HOUSING CHOICE VOUCHER PROGRAM
198 Hanover Street, Manchester, New Hampshire 03104
603-624-2100 FAX 603-624-2113 TDD 1-800-545-1833, ext. 590

September 14, 2017

MARGARET P KRIS 102 PUTNAM ST 1ST Apt. FLOOR MANCHESTER, NH 03102 DUSSEAULT, CHARLES OR FRANCES 45 LYNCHVILLE PARK GOFFSTOWN, NH 03045

Owner#48

Subsidy No.V166702

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Rent Notice

Date 12/15/2017

Margaret Kris 102 Putnam Street 1st Floor Middle Manchester, NH 03102

As per your Residential Lease Agreement, you are required to mail your rent every month.

Please refer to the attached copy of your Residential Lease Agreement for the mailing address.

Remember rent is due on the first of each month and if paid after the 7th, add a \$35.00 late fee.

Thank you for your cooperation.

Frances Dusseault 603-660-8597

Winter Plowing Notice

Date Dec. 16, 2017

During plowable snowstorms of 3 inches and more, all vehicle(s) must be removed from driveways at the end of each storm until the driveways have been plowed. We have also hired a company to do the shoveling of steps and walkways. Please do not park in or in front of walkways or steps.

If vehicle(s) are not moved, then it will be your responsibility to shovel out your own vehicle(s) at your own expense if it is plowed

in. The tenants do not recieved prior notice to plows artival per housing policy I have addressed this issue with both the landlord and the with both the landlord and the Owner Housing Authority on Harover Street in Frances Dusseault Marchester 1144 603-660-8597

RECEIVED JAN 04 2018

To the Housing Authority, 1) 4/27/18
I Mayaret Kris would like to
make you aware that I am
appealing the exiction to the Supreme court which I have more whan enough evidence more than enough evidence mist cto do. Joanne Dusseult mist present herself when negot ectival assistance is truth mow I h